



In RE application of T. INOUE et al.

Case Docket No. NIT-413

Serial No.: 10/787,109

Group Art Unit: 2114

For: COMPUTER SYSTEM HAVING FAILURE RECOVERY FUNCTION, AND FAILURE RECOVERY METHOD THEREOF

Examiner: J.O. Schell

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra
Total	6	Minus	**	= 0
Indep.	3	Minus	***	= 0
<input type="checkbox"/> First presentation of Multiple Dependent Claims				

SMALL ENTITY	
Rate	Additional Fee
X 25	\$
X 100	\$
X 180	\$
Total	\$0.00

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X 50	\$
X 200	\$
X 360	\$
Total	\$0.00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write '20' in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write '3' in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$\_\_\_\_\_.
- ☐ A Credit Card Payment Form in the amount of \$\_\_\_\_\_ is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

Mattingly, Stanger, Maiur & Brundidge, P.C.  
1800 Diagonal Road, Suite 370  
Alexandria, Virginia 22312  
Tel: (703) 684-1120  
Fax: (703) 684-1157

By:   
John R. Mattingly, Reg. No. 30,293  
Attorney for Applicant(s)

Date: January 5, 2007



Docket No. NIT-413

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 10/787,109 Confirmation No. 5067  
Applicant : T. INOUE et al.  
Filed : February 27, 2004  
Title : COMPUTER SYSTEM HAVING FAILURE RECOVERY  
FUNCTION, AND FAILURE RECOVERY METHOD THEREOF  
TC/AU : 2114  
Examiner : J.O. Schell  
Customer No. : 24956

**AMENDMENT**

**MAIL STOP: AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed October 6, 2006, please amend the  
above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of  
this paper.

**Remarks/Arguments** begin on page 7 of this paper.